PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

John S. Hale Gipple & Hale 6665-A Old Dominion Drive McLean, VA 22101

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(Depositor's name (Signature) (Date

| ſ | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
| • | 09/973,804 | 10/11/2001 | Thomas J. Drury | X-9317 | 7832 |

TITLE OF INVENTION: POLYVINYL ACETAL COMPOSITION ROLLER BRUSH WITH ABRASIVE OUTER SURFACE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|---|---------------|-----------|--|---|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 09/07/2004 |
| EXA | MINER | ART UNIT | CLASS-SUBCLASS | | |
| MARCHESCI | II, MICHAEL A | 1755 | 051-298000 | _ | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | For printing on the patent front pagames of up to 3 registered patent gents OR, alternatively, (2) the nam rm (having as a member a registere gent) and the names of up to 2 regittorneys or agents. If no name is lisvill be printed. | attorneys or 1e of a single d attorney or 2e istered patent | |

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

| (A) NAME OF ASSIGNEE | (B) RESIDENCE: (CITY | and STATE OR | COUNTRY) | |
|---|---|------------------|---|--------------------|
| Please check the appropriate assignee category or categories (will n 4a. The following fee(s) are enclosed: Size Fee Publication Fee Advance Order - # of Copies | 4b. Payment of Fee(s): 2 A check in the amo Payment by credit of The Director is he | card. Form PTO-2 | | ay overpayment, to |
| (Authorized Straturd) (Authorized Straturd) (ODa NOTE; The Issue Fte and Publication Fee (if required) will not other than the appligant; a registered attorney or agent; or the interest as shown by the records of the United States Patent and T This collection of information is required by 37 CFR 1.311. The obtain or retain a benefit by the public which is to file (and by application. Confidentiality is governed by 35 U.S.C. 122 and 37 estimated to take 12 minutes to complete, including gathering, prompleted application form to the USPTO. Time will vary depressed, and the complete case. Any comments on the amount of time you require to suggestions for reducing this burden, should be sent to the Chipatent and Trademark Office, U.S. Department of Commit 22313-1450. DO NOT SEND FEES OR COMPLETED FOR SEND TO: Commissioner for Patents, Alexandria, Virginia 2231: Under the Paperwork Reduction Act of 1995, no persons are collection of information unless it displays a valid OMB control in | te) 2 2004 ot be accepted from anyone assignee or other party in rademark Office. e information is required to the USPTO to process) an CFR 1.14. This collection is reparing, and submitting the pending upon the individual complete this form and/or of Information Officer, U.S. erce, Alexandria, Virginia LMS TO THIS ADDRESS. 3-1450. e required to respond to a | | 2004 EABUBAK2 00000134 09973804 501 665. | 00 OP |

PTO/SB/21 (02-04) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE SEP 0 3 2004 collection of information unless it displays a valid OMB control number. of 1995, no persons are required to respond to a **Application Number** 09/973,804 Filing Date TRANSMITTAL 10/11/2001 First Named Inventor **FORM** Drury Art Unit 1755 (to be used for all correspondence after initial filing) **Examiner Name** Marcheschi Attorney Docket Number X-9317 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication ✓ to Technology Center (TC) Drawing(s) Fee Transmittal Form Appeal Communication to Board of Appeals and Interferences Licensing-related Papers Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Terminal Disclaimer Identify below): Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Issue Fee Transmittal Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT John S. Hale, GIPPLE & HALE Firm Individual name Signature Date **2004** September 3, CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name

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Date

PTO/SB/17 (10-03)

September 3, 2004

Date

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

✓ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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| Application Number | 09/973,804 | |
| Filing Date | 10/11/2001 | |
| First Named Inventor | Drury | |
| Examiner Name | Marcheschi | |
| Art Unit | 1755 | |
| Attorney Docket No. | X-9317 | |

| METHOD OF PAYMENT (check all that apply) FEE CALCUI | LATION (continued) | | | |
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| Charge fee(s) indicated below | request for ex parte reexamination | | | |
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| to the above-identified deposit account. | for reply within first month | | | |
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| Large Entity Small Entity | for reply within fourth month | | | |
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| 1 /27 CED 1 | ıbmission after final rejection 1,129(a)) | | | |
| 1201 66 2201 43 independent claim, if not paid 1810 770 2810 385 For each 3 | additional invention to be | | | |
| 1204 86 2204 43 ** Reissue independent claims examined | (37 CFR 1.129(b)) | | | |
| over original patent 1801 770 2801 385 Request | for Continued Examination (RCE) | | | |
| | for expedited examination on application | | | |
| Other fee (specify) | 300.00 | | | |
| **or number previously paid, if greater, For Relssues, see above | SUBTOTAL (3) (\$) 965.00 | | | |
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| SUBMITTED BY Registration No. 25 209 | Telephone 703-448-1770 | | | |

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(Attorney/Agent)